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| (Requestor's Name) | | | | |
|---|--------------------|-------------|--|--|
| | | | | |
| (Ad | ldress) | | | |
| | | | | |
| (Address) | | | | |
| | | | | |
| (Cit | ty/State/Zip/Phone | ⇒ #) | | |
| PICK-UP | ☐ WAIT | MAIL. | | |
| | | | | |
| (Bu | siness Entity Nar | ne) | | |
| | | | | |
| (Do | cument Number) | | | |
| | | | | |
| Certified Copies | Certificates | of Status | | |
| | | | | |
| Special Instructions to | Filing Officer | | | |
| Opecial instructions to 1 lining Officer. | | | | |
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Office Use Only



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SECRETARY OF STATE

T. Burch SEP 22 2011

COVER LETTER

9-19-11

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: The Ferrah Mitzy Foundation, Inc. | | | | | |
|---|--|-------------------------------------|--|--|--|
| (PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>) | | | | | |
| Enclosed is an original | and one (1) copy of the Artic | les of Incorporation and | l a check for : | | |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate | | |
| | | ADDITIONAL CO | OPY REQUIRED | | |
| FROM: Sharon A. Houston Name (Printed or typed) | | | | | |
| 1933 Adair Lane | | | | | |
| The Villages, FL 32162 City, State & Zip | | | | | |
| 352-391-5247 Daytime Telephone number | | | | | |

NOTE: Please provide the original and one copy of the articles.

sah0824@sbcglobal.net
E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

The Ferrah Mitzy Foundation, Inc.

| The name of the cor | poration shall be: | idation, inc. | |
|---|---|--|---|
| ARTICLE II | PRINCIPAL OFFICE | | |
| | Principal street address | | Mailing address, if different is: |
| | 1933 Adair Lane | | |
| | The Villages, FL 32162 | - · | 7: 1 |
| ARTICLE III | PURPOSE | | \$2 P |
| The purpose for wh | nich the corporation is organized is: | | |
| older dogs. P | tion of older dogs through education. rovide limited financial assistance to d with adopting an older dog. | | eness about benefits of adopting ving for the higher medical costs that |
| ARTICLE IV | MANNER OF ELECTION The manner in | which the director | s are elected and appointed: |
| Directors are | appointed by President of organizato | n. | |
| | INITIAL OFFICERS AND/OR DIRECTO | | |
| | | | :William L. Houston, Vice President |
| Address: | 17633 Esprit Drive | Address: | 1933 Adair Lane |
| | 17633 Esprit Drive Tampa, FL 33647 | - | The Villages, FL 32162 |
| | | - | |
| Name and Tit | le:Sharon A. Houston, Secretary & | Name and Title | :Christopher Wetjen, Board Member |
| Address: | Treasurer | Address: | 17633 Esprit Drive |
| | 1933 Adair Lane | _ | 17633 Esprit Drive Tampa, FL 33647 |
| | The Villages, FL 32162 | _ | • |
| Name and Tit | da. | Nama and Title | : |
| Address: | | _ Name and Thie | |
| 7 1441 0 55. | | _ 114410001 | |
| | | _ | |
| ARTICLE VI | REGISTERED AGENT | | |
| | ida street address (P.O. Box NOT acceptable) of | the registered age | nt is: |
| Name: | Sharon A. Houston | | |
| Address: | 1933 Adair Lane | _ | |
| | The Villages, FL 32162 | _ | |
| | | - | |
| ARTICLE VII | INCORPORATOR | | |
| The name and add | ress of the Incorporator is: | | |
| Name: | Amy M. Houston, President | _ | |
| Address: | 17633 Esprit Drive | _ | |
| | Tampa, FL 33647 | - | |
| | niliar with and accept the appointment as register | | stated corporation at the place designated in this te to act in this capacity / / |
| Nhas | on a. Houston | | 9/6/11 |
| | Required Signature of Registered Agent | | Date |
| I submit this docun to the Department of | nent and affirm that the facts stated herein are tr of State constitutes a third degree felony as provid | ue. I am aware th ed for in s.817.15: | nat any false information submitted in a document 5, F.S. |
| (1100 | | | Q/GIII |
| Jul 1 | Required Signature of Incorporator | | Date |